

**Community  
Development  
Financial  
Institutions  
Program**

# **Certification Application**

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OMB Approval No. 1559-0006

CDFI-0005

**Paperwork Reduction Act Notice.**

This submission requirements package is provided to applicants for awards under the **Community Development Financial Institutions** Program. **Applicants** are not required to respond to this collection of information unless it displays a currently valid OMB number. The estimated burden associated with this collection of information is 40 hours. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Department of the Treasury, **Community Development Financial Institutions** Fund, 601 13th Street, N.W., Suite 200 South, Washington, DC 20005.

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## CDFI Fund Mission

The mission of the **Community Development Financial Institutions** Fund (the Fund) is to increase the capacity of financial institutions to provide credit to underserved markets. It achieves this mission by directly investing and supporting **Community Development Financial Institutions (CDFIs)**, **Community Development Entities (CDEs)** and other financial institutions through four primary programs: 1) the CDFI Program; 2) the Bank Enterprise Award Program; 3) the New Markets Tax Credit Program; and 4) the Native American CDFI Development Program. For information on any of these programs, refer to the applicable **Notice of Funds Availability (NOFA)** which is available at the Fund's website at [www.cdfifund.gov](http://www.cdfifund.gov).

## WHAT IS CDFI CERTIFICATION?

**CDFI certification** is a designation that the Fund confers. An entity may apply to the Fund for certification regardless of whether it is seeking financial or technical assistance from the Fund and an organization does not have to seek funding of any kind to obtain CDFI certification. In order to be certified as a **CDFI** at the time the certification application is submitted, the organization must be a legal entity, and must meet **each** of the following certification requirements:

1. Have a Primary Mission of promoting community development;
2. Be a **Financing Entity**;
3. Serve a **Target Market**;
4. Provide **Development Services** in conjunction with its financing activities;
5. Maintain Accountability to its defined **Target Market**; and

6. Be a Non-Government Entity and not be under the **Control** of one or more government (i.e., federal, state, or local) entities. **Control** by a **Tribal** government however, is not generally an eligibility issue for **CDFI** certification.

The Fund will only certify **Applicants** that meet each of these six criteria.

**Applicants** that do not meet **each** of the certification criteria at the time of the Fund's review of their application materials will be declined for certification.

An **Applicant** that is a **Depository Institution Holding Company** may qualify as a **CDFI** only if the **Applicant** individually and the **Applicant** and its **Affiliates** collectively meet each of the six certification criteria. An **Applicant** that is an **Affiliate** of a **Depository Institution Holding Company** may qualify as a **CDFI** only if the **Applicant** individually and the **Depository Institution Holding Company** and all of its **Affiliates** collectively meet each of the six certification criteria. An **Applicant** that is a **Subsidiary** of an **Insured Depository Institution** may qualify as a **CDFI** only if the **Applicant** individually and the **Insured Depository Institution** and its **Subsidiaries** collectively meet each of the six certification criteria.

Before proceeding with this section of the application, be sure to review the definition of **Affiliate**, **Control**, and **Subsidiary** provided in the Glossary.

An organization that directs at least 50% of its activities to **Native American** Communities is eligible to receive designation by the Fund as a **Native American CDFI**. An organization wishing to be considered for such designation may identify a **Target Market** other than an **Other Targeted Population** of **Native American**. Such **Applicants** must complete the Table.

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Please refer to the CDFI Program Glossary for the definitions of italicized terms in this application.

**N**ote: Certification as a **CDFI** does not constitute an opinion by the Fund as to the effectiveness or financial viability of the certified organization.

## BENEFITS OF CDFI CERTIFICATION

There are several potential benefits of **CDFI** Certification. First, certification enables an organization to receive financial assistance under the **CDFI** Program. Generally, an organization applying for **CDFI** Program funding is required to be certified at the time of application for funding. Second, certified **CDFIs** can increase their capital by partnering with institutions seeking award(s) under the Fund's Bank Enterprise Award (BEA) Program, which provides financial awards to FDIC-insured depository institutions that invest in certified CDFIs. Finally, certification may increase an organization's ability to raise funds from sources such as foundations and state and local governments. Organizations that are **CDFI**-certification automatically become certified as Community Development Entities (CDEs), and are eligible to apply for New Markets Tax Credits (NMTC).

## APPLYING FOR CDFI CERTIFICATION

Organizations may apply for **CDFI** certification by submitting this stand-alone certification application. Stand-alone certification applications may be submitted to the Fund at any time during the year. **Notices of Funding Availability** (NOFAs) for particular funding programs may require application for certification by a specific date to be eligible for funding.

Organizations applying for **CDFI** certification through this stand-alone certification application should send one signed original and one copy of all application materials to the address listed below. The original should be unbound, and the copy should be placed in a three-ring binder without staples or other forms of binding. Applications faxed or sent via

e-mail will not be accepted. The application should be submitted to the following address:

■ Grants Management and Compliance  
Awards Manager  
Community Development Financial  
Institutions Fund  
U.S. Department of the Treasury  
601 13th Street, N.W., Suite 200-South  
Washington D.C. 20005

**N**ote: Stand-alone applications submitted by organizations seeking to partner with **Insured Depository Institutions** under the BEA Program should be submitted to the Fund no later than the BEA Program application deadline. If an organization seeking certification fails to submit its application by this deadline, the Fund cannot guarantee that it will have sufficient time to complete a certification review for the purposes of the funding round of the BEA Program.

A **CDFI** certification conferred by the Fund will remain effective for three years from the date of certification by the Fund, or other period determined by the Fund, unless, as a result of a review of the organization by the Fund, the Fund, in its sole discretion, decides to end the certification on an earlier date.

## HELPFUL HINTS

Consult the Glossary of Terms available for download at the Fund's website ([www.cdfifund.gov](http://www.cdfifund.gov)) when completing the application. All terms and phrases that are in *Capitalized Italics* in the application can be found in the Glossary.

## WHAT DOES THE FUND CONSIDER TO BE A COMPLETE APPLICATION?

The Fund requires that **applicants** complete the application in its entirety. Failure to submit a complete application will result in the Fund's rejection of the application. Use the application checklist on page 20 and follow instructions under each part of the application to ensure that you have included all required items.

## ADDITIONAL QUESTIONS AND INFORMATION

If you have any questions about this application, you may contact the Fund by telephone at (202) 622-6355 or by email at [cdfihelp@cdfi.treas.gov](mailto:cdfihelp@cdfi.treas.gov). Additional information on **CDFI** certification, copies of the **CDFI** Program regulations, certification application, funding applications and other materials are available on the Fund's website: [www.cdfifund.gov](http://www.cdfifund.gov) in the "**CDFI** Certification Program" section.

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### What happens after the application is submitted?

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First, the Fund will determine whether each application is complete. If the application is determined to be complete, it will receive a substantive review to determine whether the **applicant** each of the meets certification requirements described above.

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### How will my organization know whether it has been certified?

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Your organization will be notified of the Fund's decision to either approve or decline your organization's certification request.

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INVESTMENT

APPLICANT CONTACT INFORMATION	
<b>Applicant</b> Organization Name:	
Employer Identification Number (EIN):	
Congressional District of <b>applicant's</b> main office:	
Website address:(if any)	
Mailing Address (Provide mailing address <u>and</u> physical address for overnight deliveries (if different). Provide nine-digit zip code where available):	
<b>Authorized Representative</b> Name and Title, and address if different from <b>Applicant</b> :	Telephone number: Fax number: E-mail address:
Contact Person Name and Title, and address if different from <b>Applicant</b> :	Telephone number: Fax number: E-mail address:
Estimate how long this application took to complete: _____ Hours	
To the best of my knowledge and belief, all information in this application is true and correct. The submission of the application has been duly authorized by the governing body of the <b>Applicant</b> .	
<b>Authorized Representative</b> Signature:	Date:



APPLICANT ORGANIZATIONAL CHARACTERISTICS

Organizational Structure (check one):

- ☐ For-Profit Corporation
- ☐ Limited Partnership
- ☐ Limited Liability Company
- ☐ Non-Profit or Not-for-Profit Organization
- ☐ Other

Financial Institution Type (check one that best describes the applicant):

- ☐ Credit Union
- ☐ Depository Institution Holding Company
- ☐ Federal Savings Association or Savings Bank
- ☐ Loan Fund
- ☐ National Bank
- ☐ State Chartered Bank
- ☐ Venture Capital Fund

**Applicant's** Date of Incorporation (month/day/year)

Most recent fiscal year end (month & year):

**AFFILIATE INFORMATION TABLE** Applicants that are *Depository Institution Holding Companies* or *Affiliates of Depository Institution Holding Companies* or *subsidiaries of Insured Depository Institutions* must complete this table. Attach additional sheets of paper if needed.

<b>Affiliate</b> Name	EIN

MARKETS SERVED (FOR INFORMATIONAL PURPOSES ONLY)

<div>Geographic Market(s):</div> <div>(check all that apply)</div> <div>(see <a href="http://www.cdfifundhelp.gov">www.cdfifundhelp.gov</a> for definitions)</div>	<div><input type="checkbox"/> Appalachia</div> <div><input type="checkbox"/> Colonias</div> <div><input type="checkbox"/> <b>Hot Zone(s)</b></div> <div><input type="checkbox"/> Major urban (population more than 1 million)</div> <div><input type="checkbox"/> Minor urban (population 1 million or less)</div> <div><input type="checkbox"/> Mississippi Delta</div> <div><input type="checkbox"/> Rural</div>
<div>Primary Geographic Market:</div> <div>(check one)</div>	<div><input type="checkbox"/> Major urban (population more than 1 million)</div> <div><input type="checkbox"/> Minor urban (population 1 million or less)</div> <div><input type="checkbox"/> Rural</div>
<div><b>Targeted Populations</b> Served in your most recent completed fiscal year::</div> <div>(check all that apply)</div>	<div><input type="checkbox"/> <b>African American</b></div> <div><input type="checkbox"/> <b>Alaska Native</b></div> <div><input type="checkbox"/> <b>Hispanic</b></div> <div><input type="checkbox"/> <b>Low Income</b></div> <div><input type="checkbox"/> <b>Native American</b></div> <div><input type="checkbox"/> <b>Native Hawaiian</b></div> <div><input type="checkbox"/> Women</div> <div><input type="checkbox"/> Other (specify):</div>

RACE/ETHNICITY/GENDER SUMMARY (for informational purposes only)

•Enter amounts in all fields representing your clients for your most recently completed fiscal year.

•Each section must each total 100%.

<b>Hispanic or Latino</b>	%
Not <b>Hispanic</b> or <b>Latino</b>	%
Uncategorized/other	%

RACE BREAKOUT

<b>American Indian</b>	%
<b>Alaska Native</b>	%
Asian	%
Black or <b>African American</b>	%
<b>Native Hawaiian</b>	%
<b>Other Pacific Islander</b>	%
White	%
Uncategorized/other	%

GENDER

_____ %Male	_____ % Female
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## STATE JURISDICTIONS SERVED

(check all the states/jurisdictions where services were offered doing most recently completed fiscal year)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Kentucky              | <input type="checkbox"/> Ohio           |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Louisiana             | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> American Samoa       | <input type="checkbox"/> Maine                 | <input type="checkbox"/> Oregon         |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Maryland              | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Massachusetts         | <input type="checkbox"/> Puerto Rico    |
| <input type="checkbox"/> California           | <input type="checkbox"/> Michigan              | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Colorado             | <input type="checkbox"/> Minnesota             | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Mississippi           | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Missouri              | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Montana               | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> Nebraska              | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Georgia              | <input type="checkbox"/> Nevada                | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Guam                 | <input type="checkbox"/> New Hampshire         | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Hawaii               | <input type="checkbox"/> New Jersey            | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Idaho                | <input type="checkbox"/> New Mexico            | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Illinois             | <input type="checkbox"/> New York              | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Indiana              | <input type="checkbox"/> North Carolina        | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Iowa                 | <input type="checkbox"/> North Dakota          | <input type="checkbox"/> Wyoming        |
| <input type="checkbox"/> Kansas               | <input type="checkbox"/> Northern Mariana Isl. |   |

APPLICANT INFORMATION

PART I

CDFI  
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INVESTMENT

community  
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CDFI Certification Application

Following is a series of questions designed to help you and the Fund determine whether your organization is eligible for certification as a **CDFI**. If the information submitted is insufficient for the Fund to determine the **Applicant's** eligibility status, additional information may be requested.

INSTRUCTIONS:

Indicate your response to each question with a check in the space provided. Answer all questions from the perspective of the **Applicant only**, unless otherwise indicated.

LEGAL ENTITY REQUIREMENT

1. Is the Applicant a legal entity in the jurisdiction in which it was established?

☐ Yes
 **Non-regulated Entities:** Attach a copy of the **Applicant's** filed organizing documents (e.g., articles or certificate of incorporation) and proceed to the **Primary Mission Section**.  
**Regulated Entities:** Answer question 2 below.

☐ No
 Because the **Applicant** has not been legally created, it cannot be considered a legal entity and is ineligible for certification. Therefore, do not proceed with the application. You may apply for certification at such time that the Applicant is a legal entity and meets ALL of the requirements for certification.

THE FOLLOWING QUESTIONS ARE ONLY APPLICABLE TO *INSURED DEPOSITORY INSTITUTIONS, INSURED CREDIT UNIONS, AND DEPOSITORY INSTITUTION HOLDING COMPANIES:*

2. Has the **Applicant** received its charter from the **Appropriate Federal Banking Agency**?

☐ Yes
 Answer question 3 below.

☐ No
 Because the **Applicant** has not received its charter, it is ineligible for certification. Therefore, do not proceed further with the application. You may apply for certification at such time that the Applicant receives its charter and meets ALL of the requirements for certification..

3. Identify the **Applicant's** regulator/insurer (check all that apply)

☐ Federal Deposit Insurance Corporation
 FDIC Certificate Number: \_\_\_\_\_

☐ National Credit Union Administration
 Charter Number: \_\_\_\_\_

☐ Office of the Comptroller of Currency
 Charter Number: \_\_\_\_\_

☐ Office of Thrift Supervision
 Charter Number: \_\_\_\_\_

☐ Other (identify): \_\_\_\_\_
 Charter Number: \_\_\_\_\_

4. Does the **Applicant** issue stock? ☐ Yes ☐ No

If "Yes", attach information indicating the proportion of **Voting Securities** held by **Insured Depository Institutions** or **Depository Institution Holding Companies**.

If the **Applicant** is a **Depository Institution Holding Company**, respond to all of the remaining questions in this application for the Applicant individually and collectively for the **Applicant, Depository Institution Holding Company, and Affilliate(s)** of the **Depository Institution Holding Company**. Also, complete the "**Affiliate Information Table**."

If the **Applicant** is a **Subsidiary** of an **Insured Depository Institution**, respond to all of the remaining questions in this application for the **Applicant** individually and collectively for the **Applicant, the Insured Depository Institution, and the Subsidiaries of the Insured Depository Institution**. Also, complete the "**Affiliate Information Table**."

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U.S. DEPARTMENT OF THE TREASURY

FORM CDFI-0006

CDFI CERTIFICATION APPLICATION

REVISED 2/2004

## PRIMARY MISSION REQUIREMENT

1. Do the **Applicant's** organizational documents (e.g., articles of incorporation, bylaws, annual report) specifically indicate a mission of purposefully serving **Low-Income** individuals, distressed communities, or other underserved markets?

- ☐ Yes Attach a copy of such document(s) and indicate the specific references to such individuals or communities. Then, proceed to the **Financing Entity Requirement** section.
- ☐ No The **Applicant** has not demonstrated that it meets the **Primary Mission Requirement**. In order to demonstrate that it meets this requirement through another method(s), attach a narrative describing how the **Applicant** meets this requirement (suggested length: 1 page).  
Then, proceed to the **Financing Entity Requirement** section.

**N**OTE: Primary mission narratives must be board-approved documents. Examples include mission statements and board resolutions

## FINANCING ENTITY REQUIREMENT

1. Did the **Applicant** answer "yes" to question 2 under **Legal Entity Requirement**?

- ☐ Yes The **Applicant** meets the **Financing Entity Requirement**, skip this section and proceed to the **Target Market requirement** section.
- ☐ No Proceed to question 2.

2. Has the **Applicant** made its own loans and/or **Equity Investments** to non-**Affiliate** entities using its own capital, **loan purchases** originated by non-**Affiliated** certified **CDFIs**, or provided **Eligible Loan Guarantees**, and are such loans, **Equity Investments**, **loans purchased**, and/or **Eligible Loan Guarantees** reflected on the **Applicant's** most recent statement of financial position (balance sheet)?

- ☐ Yes Proceed to question 3.
- ☐ No **The Applicant has not demonstrated that it meets the Financing Entity Requirement and cannot be certified at this time. Therefore, do not proceed with the application. You may apply for certification at such time that the Applicant meets ALL of the requirements for certification.**

3. Complete the:

- ☐ **Asset Information Table** on page \_\_\_\_\_, and
  - ☐ **Staff Allocation Table** on page \_\_\_\_\_.
- (1) Attach narratives explaining the calculations in the **Asset Information** and **Staff Allocation Tables**; and
- (2) Attach year-end financial statements from the **Applicant's** most recently completed fiscal year.

## FINANCING ENTITY REQUIREMENT (CONT'D)

4. Do these tables, completed in Question 3, show that the plurality or predominance of the Applicant's assets and staff are dedicated to the provision of Financial Products and Development Services, if yes proceed to question 5.

**NOTES:** Financial Products must show the **Applicant** as the source of capital.

- ☐ **No** The **Applicant** has not demonstrated that it meets the **Financing Entity Requirement** and cannot be certified at this time. Therefore, do not proceed further with the application. You may apply for certification at such time when the **Applicant** meets ALL of the requirements for certification.

5a. If the **Applicant** provides Financial Products in the form of **loans** or **Equity Investments**, as of the date of the application, how much capital does the **Applicant** have in-hand and available to disburse as **loans** and **Equity Investments**?

Amount of capital available: \$ \_\_\_\_\_

5b. If the **Applicant** provides Financial Products in the form of **loan purchases** from certified **CDFIs**, as of the date of the application, how much capital does the **Applicant** have in-hand and available to purchase loans from certified **CDFIs**?

Amount of capital available: \$ \_\_\_\_\_

5c. If the **Applicant** provides Financial Products in the form of guarantee authority, as of the date of the application, how much capital does the **Applicant** have in-hand and available for guarantee authority?

Amount of authority available: \$ \_\_\_\_\_

6. Check the applicable box:

- ☐ The amount of capital available will support at least 3 months of financing activity. Proceed to the **Target Market Requirement** section.
- ☐ **The amount of capital available will support fewer than 3 months of financing activity. The Applicant has not demonstrated that it meets the Financing Entity Requirement and cannot be certified at this time. Therefore, do not proceed further with the application. You may apply for certification at such time when the Applicant meets ALL of the requirements for certification.**

## TARGET MARKET REQUIREMENT

**NOTE:** You may designate more than one **Target Market**. For the purposes of **CDFI** certification, the Fund will evaluate whether at least 60 percent of the **Applicant's** activities are currently directed toward the designated **Target Market(s)**.

1. Does the **Applicant** serve an **Investment Area(s)**?

- ☐ Yes a. Attach the relevant Investment Area Map(s) and Worksheet(s) from the **CDFI** Information and Mapping System (CIMS) for the designated **Investment Area(s)**. Also, in the space provided, describe the unmet credit needs within the **Investment Area(s)**. See "NOTE" below, for the address of CIMS.

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- b. If no other **Target Markets** are to be designated, proceed to question 4, below. Otherwise, proceed to question 2, to select additional **Target Markets**.

☐ No Proceed to question 2.

2. Does the **Applicant** serve a **Low-Income Targeted Population(s)**?

**NOTE:** **Low-Income** is defined as individuals whose family income is not more than:  
 a) For Metropolitan Area: 80% of the area median family income; or  
 b) For Non-Metropolitan Area: the greater of 80% of the area median family income or 80% of the statewide Non-Metropolitan Area median family income.

If no other **Target Markets** are to be designated, complete the **Target Market Table**, then proceed to question 4, below. Otherwise, proceed to question 3, to select additional **Target Markets**.

☐ No Proceed to question 3.

## TARGET MARKET REQUIREMENT (CONT'D)

3a. Does the **Applicant** serve an **Other Targeted Population(s)**?

- ☐ Yes Proceed to question 3b.
- ☐ No Proceed to the question 4, below.

3b. Check all that apply.

- ☐ **African-American**
- ☐ **Alaska Natives** residing in Alaska
- ☐ Asian Americans
- ☐ **Hispanics**
- ☐ **Native Americans**
- ☐ **Native Hawaiian** residing in Hawaii
- ☐ Women
- ☐ *Other Pacific Islanders* residing in other Pacific Islands
- ☐ **Other (describe)**

3c. If all of the **Other Targeted Population(s)** designated in question 3b appear in **bold** type, proceed to question 4, below.

3d. If any of the **Other Targeted Population(s)** designated in question 3b do not appear in **bold** type, attach a narrative that describes the unmet credit, capital or **financial service** needs of such population(s). (Suggested length, 1 paragraph for each population selected).

3e. Does the **Applicant** serve one or more **Target Markets** through Financial Products to **CDFIs**, and thus is seeking designation as a **CDFI Intermediary**? If yes, complete the **Target Market Table** based on the certified **CDFIs** served. If the **Applicant** serves **CDFIs** in formation or emerging **CDFIs**, provide a narrative explaining how service to such entities serve one or more eligible **Target Markets**.

**NOTE:** An **Other Targeted Population** will be determined eligible as a **Target Market** if it is comprised of individuals or an identifiable group of individuals that lacks adequate access to loans and Equity Investments due to factors that are unrelated to their investment or credit-worthiness, including gender, race, ethnicity, national origin, or creed.

4. Complete the **Target Market** Table on page 18 for all **Target Markets** designated.

5. Describe how the **Applicant** verifies the distribution of its **Financial Product(s)** and **Financial Services(s)** to the designated **Target Market(s)**. You must provide information for each **Target Market** identified (for example, loans in the **investment area** may be geocoded by address, loans to **Low-Income** people may be verified at the time of application by reviewing the income tax returns of prospective borrowers).

**NOTE:** If the **Target Market** Table does not demonstrate that 60% or more of the **Applicant's** activities are directed toward the designated **Target Market(s)**, then the **Applicant** will not have demonstrated that it meets the **Target Market** requirement and will not be certified.



## CDFIs PRIMARILY SERVING NATIVE AMERICANS

A "**Native American** CDFI" is defined as a **CDFI** with 50 percent or more of its activities directed to a "**Native American** Community(ies)." A "**Native American** Community" is any **Native American**, **Alaska Native**, or **Native Hawaiian** population, land or Census-equivalent entity (with the exception of State or **Tribal** Designated Statistical Areas). An **applicant** may designate a **Target Market** consisting of a **Low-Income Targeted Population** and still qualify as a **Native American** CDFI if it attests that 50 percent or more of its activities are directed to a **Native American** Community.

Percent of the organization's activities directed to a **Native American** Community in most recently completed fiscal year (as defined above)? Describe how the **Applicant** knows that activities are so targeted \_\_\_\_\_

## Development Services REQUIREMENT

1. Does the **Applicant** provide **Development Services** directly, through an **Affiliate(s)**, or by contract with a non-**Affiliate**? List all Development Services providers, both Affiliates and non-Affiliates: \_\_\_\_\_

- ☐ Yes a. Complete the **Development Services Table**, on page \_\_\_\_\_.  
 b. If the **Applicant** has a contract with a non-**Affiliate**, attach a copy of the contract/agreement. Then, proceed to the **Accountability Requirement** section.
- ☐ No **The Applicant has not demonstrated that it meets the Development Services Requirement and cannot be certified at this time. Therefore, do not proceed further with the application. You may apply for certification at such time that the Applicant meets ALL of the requirements for certification.**

**NOTE:** An **Applicant** may provide **Development Services** through more than one of the methods identified above. If the **Applicant** provides **Development Services** through more than one method, incorporate all methods in the **Development Services Table**.

## ACCOUNTABILITY REQUIREMENT

1. Does the **Applicant** maintain accountability to its designated **Target Market(s)** through its governing board or through an advisory board? (If such board is not formed or has never met, answer "No").

- ☐ Yes Complete the **Accountability and Government Entity Table** on page 21. Complete a separate chart for the advisory board(s), if applicable. For the advisory board, explain its role in assisting the Applicant in decision-making and obtaining feedback from its Target Market, and indicate the number of members and the frequency of meetings. Then, proceed to the **Non-Government Entity Requirement** section.
- ☐ No **Attach a narrative explaining how the Applicant maintains accountability to all Target Markets Served (including all Investment Areas). Examples include regular customer surveys, community meetings, or focus groups convened by the Applicant.**

## NON-GOVERNMENT ENTITY REQUIREMENT

1. Answer the following questions.

For each "Yes" response, attach a narrative explanation of the circumstances.

**N**OTE: For purposes of this requirement, an organization operated or controlled by a **Tribal** government is not an agency or instrumentality of the government of the **United States** or any State or any political subdivision of a State. Thus, entities that are **Tribal** entities or are controlled by **Tribal** government entities may still be eligible as **CDFIs**.

- ☐ Yes ☐ No a. Do one or more government entities or officials control the election or appointment of a majority of the members of the board of directors of the **Applicant**?
- ☐ Yes ☐ No b. Do the articles of incorporation or bylaws of the **Applicant** require that a certain number of the **Applicant's** board members be government employees or elected or appointed government officials?
- ☐ Yes ☐ No c. Do one or more government entities select or have veto power over the selection of the executive director, chief executive officer, or comparable official of the **Applicant**?
- ☐ Yes ☐ No d. Do one or more government entities control or have veto power over the financing decisions of the **Applicant**?
- ☐ Yes ☐ No e. Are the majority of the **Applicant's** board members themselves elected or appointed government officials?
- ☐ Yes ☐ No f. Does any government entity provide more than 50% of the **Applicant's** operating budget or financing capital?
- ☐ Yes ☐ No g. If the **Applicant** organization is controlled by another entity, is that entity controlled by one or more government entities?
- ☐ Yes ☐ No h. Does any government entity manage any aspect of the operations of the Applicant?

2. Complete the last two columns of the Accountability and Government Entity Table on page 21 for all members of the Applicant's government board.

**Checklist**

Check the applicable items being submitted in your application:

- All **Applicants** must submit the light kahki-shaded items.
- The light blue-shaded items only apply to **Insured Credit Unions, Depository Insured Holding Companies** and **Insured Depository Institutions**.

**LEGAL ENTITY REQUIREMENT (PAGE 8)**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of the <b>Applicant's</b> filed organizing document(s) (i.e., Articles of Incorporation, Bylaws, etc.) | <input type="checkbox"/> If applicable, documents indicating the proportion of <b>Voting Securities</b> in the <b>Applicant</b> held by <b>Insured Depository Institutions</b> and <b>Depository Holding Companies</b> |
|--|--|

**PRIMARY MISSION REQUIREMENT (PAGE 9)**

- |   |
|---|
| <input type="checkbox"/> Copies of <b>Applicant's</b> organizing document that reference the <b>Applicant's</b> mission |
|---|

**Financing Entity Requirement (PAGES 9 - 10)**

- |   |
|---|
| <input type="checkbox"/> If applicable, completed <b>Asset Information Table</b> with accompanying narrative<br><input type="checkbox"/> If applicable, completed <b>Staff Allocation Table</b> with accompanying narrative<br><input type="checkbox"/> If applicable, year-end <b>financial statements</b> from <b>Applicant's</b> most recently completed |
|---|

**TARGET MARKET REQUIREMENT (PAGES 11 - 12)**

- |   |   |
|---|---|
| <input type="checkbox"/> Completed <b>Target Market</b> Table with accompanying narrative | <input type="checkbox"/> If applicable, <b>Investment Area</b> Map(s) from <b>CDFI</b> Fund On-Line Help Desk<br><input type="checkbox"/> If applicable, <b>Investment Area</b> Worksheet(s) from <b>CDFI</b> Fund On-Line Help Desk<br><input type="checkbox"/> If applicable, narrative description of unmet credit needs of <b>Target Market</b> |
|---|---|

**Development Services REQUIREMENT (PAGE 13)**

- |  |  |
|--|--|
| <input type="checkbox"/> Completed <b>Development Services</b> Table with accompanying narrative | <input type="checkbox"/> If applicable, copy of the contract/agreement with other non- <b>Affiliates</b> |
|--|--|

**ACCOUNTABILITY REQUIREMENT (PAGE 13)**

- |  |
|--|
| <input type="checkbox"/> Completed <b>Accountability Table</b> |
|--|

**NON-GOVERNMENT ENTITY REQUIREMENT (PAGE 14)**

- |  |
|--|
| <input type="checkbox"/> Narrative(s) explaining any "Yes" responses to questions 1a-1h. Completed <b>Accountability and Government Entity Table</b> . |
|--|

## ASSET INFORMATION TABLE

This page corresponds to the **Financing Entity** certification requirement.

1. Complete the table below using the **Applicant's Financial Statements** from its most recently completed fiscal year (audited, if available). Attach explanatory notes clarifying how you used information from your organization's **Financial Statements** to derive the figures in all rows completed.
2. Before completing this table, be sure to review the definitions of **Financial Products**, **Development Services**, and **Financing Related Activities** provided in the glossary.
3. Print this worksheet and submit it in your application. DO NOT submit an electronic file with your application.
4. Attach a copy of the **Applicant's Financial Statements** for its most recently completed fiscal year. If such **Financial Statements** are not yet audited, also attach a copy of the **Applicant's** most recent audited **Financial Statements**. If the **Applicant's Financial Statements** are consolidated, provide a separate statement reflecting the balance sheet and income statement of the **Applicant** organization only, and complete the Table based only on the **Applicants** activities.

<b>Applicant Name:</b>			
	<b>As of (month/day/year)</b> _____	Dollar Amount	% of <b>Total Assets</b>
A	<b>Total Assets</b>		100%
B	<b>Financial Products</b> assets <sup>1</sup>		
	Cash and Cash Equivalents		
	Loans Receivable and/or <b>Equity Investments</b>		
	Loans Purchased from CDFIs		
C	<b>Development Services</b> assets <sup>2</sup>		
D	Subtotal (rows B+C)	\$	
E	If row D ≤50% of Total Assets: <b>Financing Related Activities</b> assets <sup>3</sup>		
F	Subtotal (rows D+E)	\$	
G	If row F ≤50% of <b>Total Assets</b> : All other assets (itemize additional assets below, add lines if needed) <sup>4</sup>	\$	
	1.		
	2.		
	3.		
	4.		
H	<b>Outstanding Loan Guarantees</b> (guarantee amount)		
I	Total dollar amount of <b>Financial Products</b> expected to be made in three months		
J	Total Amount of <b>Net Assets</b>		100%
	1. Unrestricted Capital available for <b>Financial Products</b>		
	2. Temporary Capital available for <b>Financial Products</b>		
	3. Permanently Restricted Capital available for <b>Financial Products</b>		
K	Total Amount of Capital available for <b>Financial Products</b>	\$	
L	50% of Cash and Cash Equivalents	\$	
	Subtotal rows (K+L)	\$	

1. Row B should include loans receivable and **Equity Investments** resulting from **Arms-Length Transactions**, **loans purchased** from certified CDFIs, as well as cash, cash equivalents, contracts receivable, grants receivable and other assets restricted by the source, or designated by an **Applicant's** Board or similar body, for the provision of **Financial Products**. For CDFI Intermediaries, **Financial Products** may include grants and deposits into credit unions.
2. Row C should include contracts or grants receivable for the provision of **Development Services**, and cash or cash equivalents restricted by the source, or designated by an **applicant's** Board or similar body, for the provision of **Development Services**.
3. Row E only needs to be completed if row D comprises 50% or less of your organization's **total assets**. Estimate the **total assets** devoted to the provision of **Financing Related Activities**.
4. Row G only needs to be complete if row F comprises 50% or less of your organization's **total assets**. List each category of your organization's other assets separately on lines 1 through 4. These categories should be self-identified, and may include for example, real estate development assets, assets related to the provision of social services or fixed assets.

## STAFF ALLOCATION TABLE

This page corresponds with the **Financing Entity** certification requirement.

1. Complete the table below based on the **Applicant's** current allocation of staff resources. Attach explanatory notes of how you derived the figures reported in the table. Specifically, explain how staff with multiple responsibilities are represented in the table. To the extent that volunteers or Board members make up a significant portion of your organization's day-to-day staffing, explain their responsibilities and indicate how they are represented in the table.
2. Print this worksheet and submit it in your application. DO NOT submit an electronic file with your application.

**Notes:** For purposes of this table, the Fund defines one **Full Time Equivalent (FTE)** as one person working a 40-hour work week. In calculating the number of **FTEs**, an organization may aggregate the work hours of part-time employees. For example, if an organization has two part-time employees who each work 20 hours per week, they may be counted as one **FTE**.

An organization that has staff occupying multiple categories of activities identified in the table should allocate **FTEs** based on the estimated percentage of staff time an employee devotes to each category of activity.

An organization whose Board members or other volunteers devote significant time to fulfilling an organization's day-to-day operational responsibilities may aggregate such time into the calculations of **FTEs** for the purposes of completing this table.

	<b>Applicant Name:</b>		
	<b>Category</b>	<b>FTEs</b>	<b>% of Total FTEs</b>
A	Total Number of <b>Full-Time Equivalent (FTE)</b> Staff		100%
B	<b>FTEs</b> devoted to provision of <b>Financial Products</b> <sup>1</sup>		
C	<b>FTEs</b> devoted to <b>Development Services</b> <sup>2</sup>		
D	Subtotal (rows B+C)		
E	If row D $\leq$ 50% of total <b>FTEs</b> devoted to <b>Financing Related Activities</b> <sup>3</sup>		
F	Subtotal (rows D+E)		
G	If row F $\leq$ 50% of total <b>FTEs</b> : All other <b>FTEs</b> <sup>4</sup>		
	1.		
	2.		
	3.		
	4.		

1. Estimate the number of **FTEs** devoted to activities directly related to the **Applicant's Financial Products**. These activities may include loan processing, underwriting, servicing, and related administrative activities.
2. Estimate **FTEs** devoted to **Development Services** that directly support the **Applicant's Financial Products**.
3. Row E only needs to be completed if row D comprises 50% or less of your organization's total number of **FTEs**. Estimate the number of **FTEs** devoted to the provision of **Financing Related Activities**.
4. Row G only needs to be completed if row F comprises 50% or less of your organization's total number of **FTEs**. List each category of other **FTEs** separately as indicated in lines 1-4. These categories should be self-identified and may include, for example, staff devoted to real estate development or management, staff devoted to the provision of social services, etc.

### TARGET MARKET TABLE

This page corresponds with the **Target Market** certification requirement.

- Complete the table below for the **Applicant's** most recently completed fiscal year. If the **Applicant** has less than one full year of operations, you may also complete for the current year to date if different. Complete all columns and rows that are applicable. However, DO NOT DOUBLE COUNT transactions in more than one category (i.e., a borrower that is both an **Investment Area** resident and **Low Income** may only be reported in one category).
- Print this worksheet and submit it in your application. DO NOT submit an electronic file with your application.

**N**otes: If an **Applicant** does not track its activities as categorized in this table, it may estimate the amount of activities directed to its **Target Market**. In such cases, the **Applicant** must: 1) identify data by placing an "(E)" beside the entry and 2) explain in a narrative how the estimate was derived.

[illegible]

This page corresponds with the **Development Services** certification requirement.

1. Complete the table below for each **Development Service Activity** (add sheets as necessary)
2. Print this worksheet and submit it in your application. **DO NOT submit an electronic file with your application.**

Approximately what percentage of **Development Services** clients apply for **Financial Products** from your organizations?

future

community

CDFI

fund

DEVELOPMENT SERVICES

TABLES

BUILD

access

INVESTMENT

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**ACCOUNTABILITY AND GOVERNMENT ENTITY TABLE**  
 This page corresponds with the Accountability certification requirement.

- Complete the table on the following page by listing each member of the board of directors or advisory board or similar entity and indicating whether the member is representative of the **Applicant's** designated: **Investment Area (IA)**, **Low-Income Targeted Population (LITP)**, and/or an **Other Targeted Population (OTP)**. For each member listed as representing the designated **Target Market(s)**, identify the service area(s) or **Investment Area(s)** they represent. For each OTP member, specify their race or gender as applicable. If a member is not representative of the designated **Target Market(s)**, indicate "N/A". Information provided is for internal Fund use only.
- Complete a separate worksheet for the governing board and advisory board, if both exist, by making a copy of this form.
- Print this worksheet and submit in your application. DO NOT submit an electronic file with your application.

**Note:** An individual may be accountable to more than one Target Market, for example, resident of an Investment Area, and work for an organization that primarily serves low-income people."

Options for "How is the Board member representative of the **Target market(s)** identified?".

<u>Investment Area</u>		<u>Low Income Targeted Population</u>		<u>Other-Targeted Populations</u>	
IA-1	Resident of <b>Investment Area</b>	LI-1	<b>Low-Income</b> individual	OT-1	<b>African-American</b>
IA-2	Own business located in <b>Investment Area</b>	LI-2	Works for organization that primarily provide services to <b>Low-Income</b> people	OT-2	<b>Alaska Natives</b>
IA-3	Elected official for <b>Investment Area</b>			OT-3	<b>Hispanic</b>
IA-4	Works for organization that primarily provides services to <u>residents</u> of the <b>Investment Area</b> .			OT-4	<b>Native American</b>
				OT-5	<b>Native Hawaiian</b>
				OT-6	<b>Other Pacific Islander</b>
				OT-7	Other, specify



**Applicant Name:**

This chart is for the (check one):

☐ Governing Board

☐ Advisory Board

Name of Member	<p><b>Target Market</b></p> <p>Representation (<b>IA/LITIP/O TP</b>)</p>	<p>If <b>OTP</b> is designated as a <b>Target Market(s)</b>, indicate which <b>OTP</b> the member represents (e.g., <b>African American, Alaska Native, Hispanic, Native American, Native Hawaiian, Other Pacific Islander</b>, or Other or N/A). If other, specify</p>	<p>How are they representative?</p> <p>Provide Name/Title/Organization Name/Describe Organization. If applicable (i.e., Member that is a Board Member of a non-profit organization), specify how the organization provides services to <b>Low-Income</b> persons and/or families.</p>	<p>Government Official Y - Yes N - No If Yes, Title</p>	<p>Government Agency Represented (no Acronyms)</p>
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Examples:					
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Jane Doe	IA	Census tract 0041 in SState A	N/A	Ms. Doe owns a small business, a home-health care service located in census tract 41 in State A.
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Mary Brown	LTP	Sample City, State A	N/A	Mr. Brown is a Board Member of XYZ Company. XYZ Company makes residential mortgages to <b>Low-Income</b> persons in Charlotte, North Carolina. To be considered for a residential mortgage from the Company, a borrower must provide income tax returns, and demonstrate that its annual income is at or below 80% of AMI
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Bill Ford	OTP	State A	Native American	Mr. Ford is a Native American who resides in the state.
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[illegible][illegible][illegible]


Total number of Members: \_\_\_\_\_

Total number of Members accountable to the **Target Market:** \_\_\_\_\_